

Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity ¹	Formulary Options
<i>Allergic Reaction (Anaphylaxis) Treatment</i>	ADRENACLICK	<i>epinephrine auto-injector, EPIPEN, EPIPEN JR</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Allergies Ophthalmic</i>	LASTACAFT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>zonisamide</i>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	MINOCIN	<i>minocycline</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis C *</i>	DAKLINZA	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
	OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals Herpes *</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory Steroidal, Ophthalmic</i>	FML PRED FORTE PRED MILD	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, LOTEMAX</i>
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
<i>Asthma * Steroid Inhalants</i>	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR

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<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL XR INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i>
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Prostate *</i> Hormonal Agents, Antiandrogens	NILANDRON XTANDI	<i>bicalutamide, ZYTIGA</i>
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations</i>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular Pulmonary Arterial Hypertension *</i> Endothelin Receptor Antagonists	OPSUMIT	LETAIRIS, TRACLEER
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 MG)</i> CYMBALTA <i>VENLAFAXINE EXT-REL TABLET (except 225 MG)</i>	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>

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<i>Dermatology</i> Acne *	VANOXIDE-HC	<i>benzoyl peroxide</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN NOVACORT	<i>hydrocortisone</i>
	BENSAL HP	<i>desonide, hydrocortisone</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, VICTOZA
<i>Diabetes</i> * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ²	NOVOLIN 70/30 ²
	HUMULIN N ²	NOVOLIN N ²
	HUMULIN R ²	NOVOLIN R ²
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE

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<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ³	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes ³	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits ^{4, 5}	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Glaucoma</i> * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Hemophilia	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>

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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan, AZOR</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<i>Musculoskeletal</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Nutritional / Supplements</i> Electrolytes	KLOR-CON/25	<i>potassium chloride liquid</i>
<i>Opioid Dependence</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis</i> * Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	<i>GEL-ONE, HYALGAN, SUPARTZ FX</i>
<i>Osteoporosis</i> *	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> CAFERGOT FIORICET CAPSULE	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>

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<i>Pain</i> * Transmucosal Immediate-release Fentanyl	ABSTRAL	<i>fentanyl transmucosal lozenge</i> , FENTORA, SUBSYS
<i>Pain and Inflammation</i> * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib or diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin</i>
	UROXATRAL	<i>alfuzosin ext-rel, tamsulosin</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1% ⁶</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel 2%</i> , ANDRODERM, AXIRON

Category Drug Class	Formulary Options
Autoimmune and Hepatitis C *	For some clients, an Indication Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically-appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
New-to-Market Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Drugs Requiring Prior Authorization for Medical Necessity

<p> ABILIFY ABSTRAL ACCU-CHEK STRIPS AND KITS ⁵ ACTOS ADDERALL XR ADRENACLICK AEROSPAN ALCORTIN A ALLISON MEDICAL INSULIN SYRINGES ³ ALOQUIN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVONEX BECONASE AQ BENSAL HP BETAPACE BETAPACE AF BREEZE 2 STRIPS AND KITS ⁵ <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CONTOUR NEXT STRIPS AND KITS ⁵ CONTOUR STRIPS AND KITS ⁵ CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES ENABLEX ERYPED EUFLEXXA EVZIO EXFORGE EXFORGE HCT EXTAVIA FANAPT </p>	<p> FIORICET CAPSULE <i>fluorouracil cream 0.5%</i> FML FORTAMET FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS ⁵ GELNIQUE GENOTROPIN GLEEVEC GLUMETZA HELIXATE FS HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ² HUMULIN N ² HUMULIN R ² INCRUSE ELLIPTA INTERMEZZO INTUNIV INVOKAMET INVOKANA JALYN KAZANO KLOR-CON/25 KOMBIGLYZE XR LANOXIN TABLET (125 MCG and 250 MCG only) LANTUS LASTACAPT LESCOL XL LEVITRA LIPITOR LIVALO LUMIGAN LUNESTA MACRODANTIN <i>Matzim LA</i> MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINOCIN MONOVISC NAPRELAN NATESTO NESINA NEUPOGEN NEXIUM NILANDRON NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ³ NUTROPIN AQ OLEPTRO OLUX-E OLYSIO OMNARIS OMNITROPE ONGLYZA OPSUMIT ORTHOVISC </p>	<p> OSENI OWEN MUMFORD NEEDLES ³ OXYTROL PENNSAID PERRIGO NEEDLES ³ PLAVIX PLEGRIDY PRADAXA PRED FORTE PRED MILD PREVACID PROTONIX PROVENTIL HFA QNASL QSYMIA RAYOS RELISTOR RHINOCORT AQUA RIMSO-50 RIOMET ROZEREM SAIZEN SYMBICORT TASIGNA TECHNIVIE TESTIM <i>testosterone gel 1% ⁶</i> TOBI TOBI PODHALER TOUJEO TRICOR TRIVIDIA INSULIN SYRINGES ³ TUDORZA ULTIMED INSULIN SYRINGES ³ ULTIMED NEEDLES ³ UROXATRAL VALCYTE VALTREX VANOXIDE-HC <i>venlafaxine ext-rel tablet (except 225 MG)</i> VENLAFAXINE EXT-REL TABLET (except 225 MG) VENTOLIN HFA VIAGRA VIEKIRA PAK VOGELXO XENAZINE XOPENEX HFA XTANDI ZEGERID ZEPATIER ZETONNA ZONEGRAN ZUBSOLV </p>
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There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to www.caremark.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

¹ If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

² Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

³ BD ULTRAFINE syringes and needles are the only preferred options.

⁴ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

⁵ ONETOUCH brand test strips are the only preferred options.

⁶ Listing reflects the authorized generics for TESTIM and VOGELXO.

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